

FORM LM-30 LABOR ORGANIZATION OFFICER AND EMPLOYEE REPORT

Form approved
Office of Management
and Budget
No. 1215-0188
Expires 11-30-2006

This report is mandatory under P.L. 86-257, as amended. Failure to comply may result in criminal prosecution, fines, or civil penalties as provided by 29 U.S.C. 439 or 440.

For Official Use Only

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READ THE INSTRUCTIONS CAREFULLY BEFORE PREPARING THIS REPORT.

1. File Number U- <u>8987</u> n/a - first filing	2. Fiscal Year Covered From: <u>01</u> / <u>01</u> / 2004 Through: <u>12</u> / <u>31</u> / 2004
3. Name and address of person filing. Name <u>Gwen Richardson</u> P.O. Box, Bldg., Room No., if any <u>4th Floor</u> Street <u>6 Harrison Street</u> City <u>New York</u> State <u>NY</u> ZIP Code + 4 <u>10013-2898</u>	3. Name, file number, and address of labor organization. Name <u>CWA Local 1180</u> Labor Organization File Number <u>538-149</u> P.O. Box, Building and Room Number, if any <u>4th Floor</u> Street <u>6 Harrison Street</u> City <u>New York</u> State <u>NY</u> ZIP Code + 4 <u>10013-2898</u>
5. Position in labor organization.	

Enter appropriate data below if, during the past fiscal year, you or your spouse or minor child directly or indirectly had any of the following interests (except as specified in the exclusions set forth in the instructions):

A. Held an interest in, engaged in transactions (including loans) with, or derived income or other economic benefit of monetary value from an employer whose employees your organization represents or is actively seeking to represent.	
3. Name and address of Employer (including trade name, if any). Name _____ Trade Name, if any: _____ P.O. Box, Bldg., Room No., if any _____ Street _____ City _____ State _____ ZIP Code + 4 _____	7.a. Nature of Interest, Transaction, or Income. 7.b. Amount. <u>0</u>

Signature

15. Signature and verification. The undersigned declares, under penalty of Perjury and other applicable penalties of the law, that all of the information submitted in this report (including the information contained in any accompanying documents), has been examined by the signatory and is, to the best of the undersigned's knowledge and belief, true, correct, and complete. (See the section on penalties in the instructions.)

Signed

On

Date

Telephone Number

Name of Person Filing

Gwen Richardson

File Number U- n/a first filing

B. Held an interest in or derived income or economic benefit with monetary value **from a business** (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.

8. Name and address of Business (including trade name, if any).

Name CWA Local 1180Fringe Benefit Funds

Trade Name, if any: _____

P.O. Box, Bldg., Room No., if any _____

Street 6 Harrison StreetCity New YorkState NY ZIP Code + 4 10013-2898

9. Business deals with:

☒ a. Labor Organization☐ b. Trust☐ c. Employer

10. If 9.b. or 9.c. is checked give trust or employer's name.

Name _____

Trade Name, if any: _____

P.O. Box, Bldg., Room No., if any _____

Street _____

City _____

State _____ ZIP Code + 4 _____

11.a. Nature of such dealing.

Sponsored benefit plan providing benefits to covered members of labor union.11.b. Approximate dollar value of such dealing. unknown

12.a. Nature of interest held or income received.

Reimbursed expenses, while serving as trustee, for attendance at various trustee meetings and/or educational seminars

12.b. Amount

1,487.40

C. Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value.

13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any).

Name _____

Trade Name, if any: _____

P.O. Box, Bldg., Room No., if any _____

Street _____

City _____

State _____ ZIP Code + 4 _____

14.a. Nature of payment.

13.a. Is the Business an Employer ☐or Consultant ☐

14.b. Amount of payment.

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